

PART B—ISSUE FEE TRANSMITTAL

MAILING INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE. Blocks 2 through 6 should be completed where appropriate. All further correspondence including the Issue Fee Receipt, the Patent, advances orders and notification of maintenance fees will be mailed to addressee entered in Block 1 unless you direct otherwise, by: (a) specifying a new correspondence address in Block below; or (b) providing the PTO with a separate "FEE ADDRESS" for maintenance fee notifications with the payment of Issue Fee or thereafter. **See reverse for Certificate of Mailing.**

1. CORRESPONDENCE ADDRESS

LEYDIG, VOIT & MAYER
700 THIRTEENTH STREET, N.W., SUITE 300
WASHINGTON, DC 20005

2. INVENTOR(S) ADDRESS CHANGE (Complete only if there is a change)

INVENTOR'S NAME

Street Address

City, State and ZIP Code

CO-INVENTOR'S NAME

Street Address

City, State and ZIP Code

☐ Check if additional changes are on reverse side

SERIES CODE/SERIAL NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
08/035,724	03/22/93	040	MILLS, G	2106 06/08/94

First Named Applicant

EVANS, DAVID A.

TITLE OF INVENTION

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEE DUE	DATE DUE
53592/EVANS	361-516.000	B45	UTILITY	YES	\$585.00	09/08/94

3. Correspondence address change (Complete only if there is a change)

4. For printing on the patent front page, list the names of not more than 3 registered patent attorneys or agents OR alternatively, the name of a firm having as a member a registered attorney or agent. If no name is listed, no name will be printed.

Leydig, Voit & Mayer

The Evans Findings Co., Ltd.

090 BA 09/12/94 08035224

DO NOT USE THIS SPACE 585.00 CK

090 BA 09/12/94 08035224

1 561 30.00 CK

5. ASSIGNMENT DATA TO BE PRINTED ON THE PATENT (print or type)

(1) NAME OF ASSIGNEE: The Evans Findings Co., Ltd.
(2) ADDRESS: (CITY & STATE OR COUNTY) East Providence, Rhode Island
(3) STATE OF INCORPORATION, IF ASSIGNEE IS A CORPORATION

6a. The following fees are enclosed:

☒ Issue Fee ☐ Advanced Order - # of Copies 10 (Minimum of 10)

6b. The following fees should be changed to: DEPOSIT ACCOUNT NUMBER 12-1216

(ENCLOSED PART C)

☐ Issue Fee ☐ Advanced Order - # of Copies (Minimum of 10)
☒ Any Deficiencies in Enclosed Fees

The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee to the application identified above.

(Signature of party in interest of record)

(Date)

NOTE: The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.

TRANSMIT THIS FORM WITH FEE CERTIFICATE OF MAILING ON REVERSE